

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**NATIONAL PRACTITIONER DATA BANK:
PROFILE OF MATCHES UPDATE**



JUNE GIBBS BROWN
Inspector General

AUGUST 1994
OEI-01-94-00031

OFFICE OF INSPECTOR GENERAL

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BOSTON

David Veroff, *Project Leader*

HEADQUARTERS

Alan Levine, *Program Specialist*

For additional copies of this report, please contact the Boston regional office by telephone at (617) 565-1050, or by fax at (617) 565-3751.

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EXECUTIVE SUMMARY

PURPOSE

To update a profile of National Practitioner Data Bank matches--those occasions on which the Data Bank has provided reports of malpractice payments or adverse actions to requesting entities.

BACKGROUND

The National Practitioner Data Bank opened on September 1, 1990. It maintains records of malpractice payments (both judgments and settlements) and adverse actions against licensed health care practitioners. The Data Bank provides hospitals and other health care entities with information relating to the professional competence and conduct of physicians, dentists, and other health care practitioners. The Data Bank receives reports of adverse actions against practitioners from State licensing boards, hospitals and other health care entities, and professional societies. It receives reports of malpractice payments from malpractice insurers.

As of April 1994, the Data Bank had received 3,462,297 requests for information and 82,623 reports of adverse actions or malpractice payments. When a request names a practitioner who has been reported to the Data Bank, the request-report pair is referred to as a "match." As a result of the queries made by April 1994, 152,941 matches had occurred.

In April 1992, we published a report profiling all Data Bank matches through March 19, 1992 as a byproduct of a larger study we conducted on the usefulness and impact of information stored in the Data Bank. The profile report provided information about the Data Bank's history that was not available elsewhere. The Administrator of the Health Resources and Services Administration recently asked for an updated study on the usefulness and impact of the Data Bank. We agreed to do so. We produced this update of the profile report as a first step in the broader study, which is now underway.

FINDINGS

NUMBER OF MATCHES: *By February 1994, the total number of matches was almost 7 times larger than it was as of March 1992.*

- The total number of matches increased from 20,954 as of March 1992 to 144,649 as of February 1994.
- The average number of matches per month increased from 1,126 in the period prior to March 20, 1992 to 5,022 in the later period.

TYPES OF PRACTITIONERS INVOLVED IN MATCHES: *The majority of practitioners involved in matches continue to be physicians.*

- In each period, 93 percent of the matches involved physicians.

TYPES OF QUERIERS RECEIVING MATCH INFORMATION: *While most of the matches still result from queries by hospitals, a much higher proportion of matches now result from queries by health maintenance organizations and group practices.*

- On average, quierers receiving any match information matched on many more practitioners than they had in the earlier study period.

TYPE OF REPORTS RESULTING IN MATCHES: *The reports involved in matches are still largely malpractice payment reports.*

- The size of the malpractice payments involved in matches has grown somewhat.
- Licensing boards and hospitals each still account for about half of the adverse action reports involved in matches.

INTERSTATE MATCHES: *A greater proportion of matches supply information about practitioners who crossed state lines.*

- Interstate matches accounted for 9.3 percent of all matches in the earlier study period; in the later period, they accounted for 15.3 percent.

CONCLUSION

In the future, regardless of shifts in the volume of matches and types of quierers involved in matches, we can expect most matches to involve reports on physicians with malpractice payments.

The growth in the number and proportion of matches resulting from queries from health maintenance organizations and group practices may indicate that voluntary quierers are more aware of the Data Bank than they used to be and/or that they sense it is valuable to query the Data Bank.

APPENDICES

In four appendices, we provide details on the types of practitioners, quierers, malpractice payments, and adverse actions involved in matches.

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INTRODUCTION

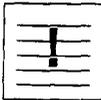
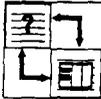
PURPOSE

To update a profile of National Practitioner Data Bank matches--those occasions on which the Data Bank has provided reports of malpractice payments or adverse actions to requesting entities.

BACKGROUND

The National Practitioner Data Bank maintains records of malpractice judgments and adverse actions against licensed health care practitioners. It was established by Title IV of the Health Care Quality Improvement Act of 1986 (P.L. 99-660) and has been in operation since September 1, 1990. The Data Bank is funded by user fees and is administered by Unisys Corporation under contract to the Health Resources and Services Administration (HRSA) of the Public Health Service (PHS).

The Data Bank provides hospitals and other health care entities with information relating to the professional competence and conduct of physicians, dentists, and other health care practitioners. Congress believed the Data Bank could, among other things, help "restrict the ability of incompetent physicians to move from State to State without disclosure or discovery of the physician's previous damaging or incompetent performance."¹

DEFINITION OF TERMS USED IN THIS REPORT		
REPORT		Information sent to the Data Bank about a practitioner by a malpractice insurer, hospital, licensing board, or professional society.
RECORD		A report that has been received and is permanently stored by the Data Bank.
QUERY		A request for information about a practitioner submitted to the Data Bank by a hospital, licensing board, or other health care entity.
MATCH		A pairing of a record and query that identifies the same practitioner.

State licensing boards, hospitals and other health care entities, and professional societies submit reports of adverse actions against practitioners to the Data Bank.² These groups must report certain actions against physicians and dentists, and health care entities and professional societies may report certain actions against other licensed practitioners.³ Reports of malpractice payments are submitted by insurers, who must report all judgments and settlements made on behalf of all licensed practitioners.⁴

Data Bank records may be released only to authorized entities (referred to in this report as queriers). Authorized queriers include hospitals and other health care entities,⁵ State licensing boards, professional societies, and, under specified conditions, plaintiffs' attorneys in malpractice suits. Also, practitioners may request their own records. Only hospitals are required by law to query the Data Bank. They must request records for practitioners wishing to obtain clinical privileges and, every 2 years, for all practitioners with privileges.⁶

When a hospital, licensing board, or other health care entity requests information on a certain practitioner from the Data Bank, and that practitioner has been reported to the Data Bank, the request-report pair is referred to as a "match." Through April 30, 1994 (the most recent date for which complete statistics are available), the Data Bank had received 3,462,297 requests for information and 82,623 adverse action or malpractice payment reports. These requests and reports had resulted in 152,941 matches.⁷

In April 1992, we published a report profiling all Data Bank matches through March 19, 1992 as a byproduct of a larger study we conducted on the usefulness and impact of information stored in the Data Bank.⁸ The profile report provided information about the Data Bank's history that was not available elsewhere. The Administrator of the Health Resources and Services Administration recently asked for an updated study on usefulness and impact of the Data Bank. We agreed to do so. We produced this update of the profile report as a first step in the broader study, which is now underway.

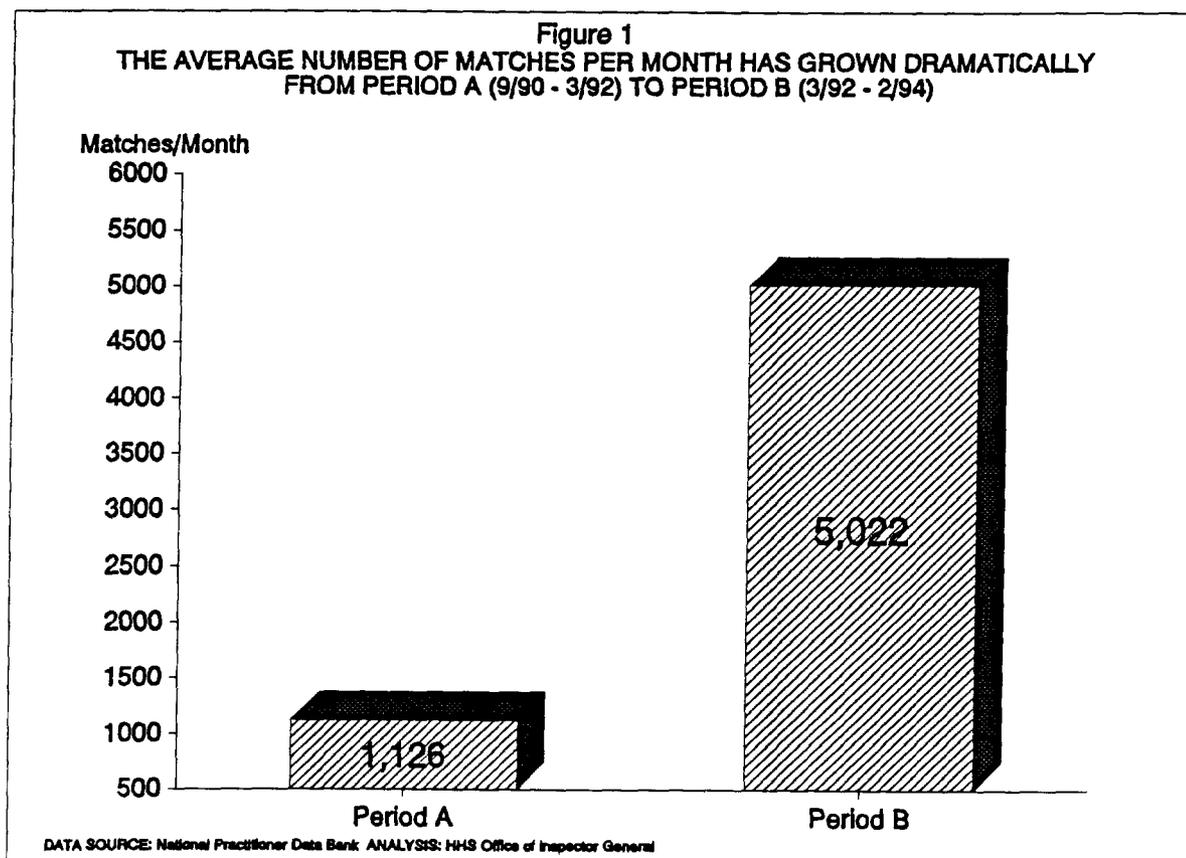
METHODOLOGY

The Office of Inspector General (OIG) requested and received from Unisys Corporation a computer file containing records logged between March 20, 1992 and February 25, 1994⁹ of all queries and reports received by the Data Bank that identified the same practitioner.¹⁰ We restructured and analyzed the data using SAS Release 6.08 on a mainframe computer. We also obtained statistics pertaining to all reports and queries received by the Data Bank as of April 30, 1994, whether or not they were involved in matches. Our review was conducted in accordance with the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

FINDINGS

NUMBER OF MATCHES: By February 1994, the total number of matches was almost 7 times larger than it was as of March 1992.

Between September 1, 1990, and March 19, 1992 (Period A), a total of 20,954 matches occurred. Between March 20, 1992 and February 25, 1994 (Period B), 123,695 matches occurred. The total number of matches from September 1, 1990 to February 25, 1994 was therefore 144,649 or 6.9 times larger than the 20,954 matches as of March 19, 1992.¹¹ Figure 1 below describes the increase in the average number of matches per month between the two periods. The increase in matches is driven by two forces: a rise in the number of queries and a larger volume of records in the Data Bank available to be matched against. The total number of queries grew from about 1 million after the end of Period A to over 3 million after the end of Period B.¹² The total number of records available to match against grew from about 25,000 at the end of Period A to over 75,000 at the end of Period B.¹³ The approximate odds of a query resulting in a match jumped from 1 in 50 over Period A to 1 in 17 over Period B.¹⁴ With this increase in the "match rate" and the increase in queries, the large increase in matches is not surprising.



The amount of information from each matching query has increased slightly. In Period B, 102,120 queries matched 123,695 records. This means that each query involved in a match provided the querier with an average of 1.21 ($123,695 \div 102,120$) records per query in Period B. This is 10.0 percent more information than the 1.1 records per query in Period A (19,034 queries matched 20,954 records).

TYPES OF PRACTITIONERS INVOLVED IN MATCHES: *The majority of practitioners involved in matches continue to be physicians.*

There were 32,605 different practitioners represented in matches that occurred in Period B; this compares with the 10,185 represented in matches in the earlier period.¹⁵ In both periods, 93 percent of the matches involved physicians. In Period A, 4 percent involved dentists; 3 percent involved dentists in Period B. Appendix A displays the types of practitioners involved in matches.

Seventy-six percent of all *reports* to the Data Bank as of April 30, 1994 involved physicians,¹⁶ whereas 93 percent of the *matches* from March 20, 1992 through February 25, 1994 involved physicians. This disparity is not surprising because hospitals are the only mandated queriers of the Data Bank and are most likely to query about physicians.

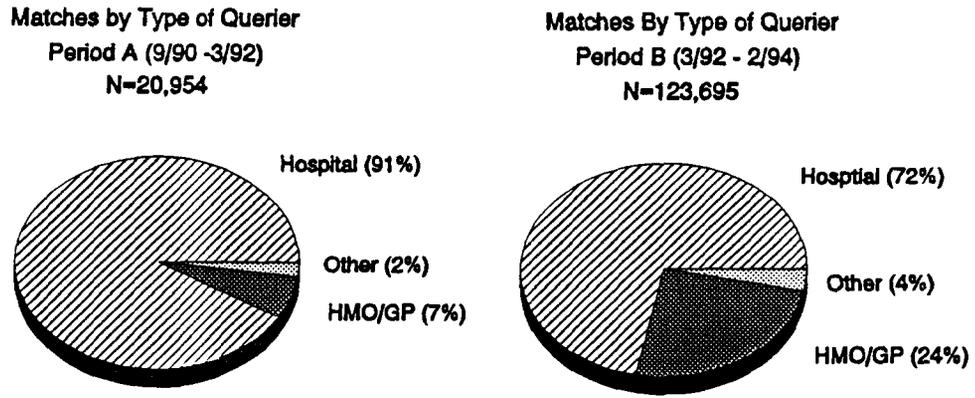
TYPES OF QUERIERS RECEIVING MATCH INFORMATION: *While most of the matches still result from queries by hospitals, a much higher proportion of matches now result from queries by health maintenance organizations and group practices.*

The number of queriers who submitted requests that led to matches increased from 4,357 in Period A to 6,954 since then.¹⁷ Of these matching queriers, a much smaller proportion were hospitals in the more recent period (72.3 percent compared to 91.3 percent). A much greater proportion were health maintenance organizations (HMOs) and group practices (24.2 percent compared to 6.5 percent). Figure 2 displays these figures graphically; appendix B provides details.

While hospitals are the only organizations required by law to query the Data Bank, standards put in place in 1993 require HMOs interested in receiving National Committee for Quality Assurance accreditation to query the Data Bank for each practitioner seeking credentials or renewing credentials.¹⁸ This may explain part of the large increase.

Most of the 89,430 hospital matches in Period B resulted from mandatory two-year queries (66.1 percent). Initial privileging and employment queries accounted for 32.0 percent and professional review activity accounted for 1.4 percent.¹⁹ These proportions are very similar to those in the earlier period.

Figure 2
A MUCH HIGHER PROPORTION OF MATCHES NOW RESULT FROM QUERIES
BY HMOs AND GROUP PRACTICES



DATA SOURCE: National Practitioner Data Bank ANALYSIS: HHS Office of Inspector General

- On average, queriers receiving any match information matched on many more practitioners than they had in the earlier study period.

Queriers who match are submitting queries and matching on more than one practitioner. Up until March 1992, the mean was 4.4 practitioners matched per querier; since March 1992, that figure has grown to 14.7 practitioners matched per querier. While this is clearly a function of more information being available in the Data Bank, it is a remarkable growth nonetheless and may give matching queriers a better understanding of the full range of information available in the Data Bank. Fourteen percent of queriers in the second study period matched on exactly 1 practitioner, and 46 percent matched on 5 or fewer. A few queriers matched on many more practitioners; 1 national health maintenance organization matched on 3,390 different practitioners in Period B.

TYPE OF REPORTS RESULTING IN MATCHES: *The reports involved in matches are still largely malpractice payment reports.*

Since March 1992, a total of 1,971 reporters have submitted 40,355 adverse action or malpractice reports that have been matched.²⁰ While these numbers have increased significantly since our first study period, the proportions of the total involving malpractice payment reports versus adverse action reports has not shifted much. In Period A, malpractice payment reports made up 88 percent of all the matches;

adverse actions made up 12 percent; in Period B, those figures were 89 percent and 11 percent respectively.

- The size of the malpractice payments involved in matches has grown somewhat.

From September 1, 1990 to March 19, 1992, the malpractice payment amounts involved in matches ranged from \$1 to \$4,675,000, with a mean of \$132,358.²¹ Both the range and the mean have grown since then. The range in the period since March 1992 now extends to \$9,000,000 and the mean is \$199,114. The median has also grown, from \$50,000 to \$60,000.²² Appendix C displays these figures in tabular form.

The distribution of matches into categories of acts or omissions has remained essentially the same. In both periods, a majority of the malpractice reports that appeared in matches fell into three major types of acts or omissions: 32 percent were surgery-related, 28 percent diagnosis-related, and 19 percent treatment-related. Appendix C summarizes the types of acts or omissions.

- Licensing boards and hospitals each still account for about half of the adverse action reports involved in matches.

Adverse action reports appearing in matches came from two major sources. In the Period A, 52 percent came from licensure actions submitted by State boards and 47 percent from hospital clinical privileges actions. These figures changed to 56 percent and 43 percent respectively since March 1992. The remaining 1 percent in each period came from professional societies reporting about membership actions.

The patterns of specific actions and reasons for actions taken against practitioners that show up in adverse action matches were very similar in both periods. Major categories of actions include probation of license (23 percent of adverse action matches in Period A and 22 percent in Period B) and denial of clinical privileges (12 percent in Period A and 9 percent in Period B). The reasons for action include incompetence, malpractice, and negligence (16 percent in Period A and 15 percent in Period B), unprofessional conduct (11 percent in Period A and 10 percent in Period B), and alcohol and other substance abuse (10 percent in each period).²³ Appendix D summarizes the types of actions and reasons for actions.

INTERSTATE MATCHES: A greater proportion of matches supply information about practitioners who crossed state lines.

One of Congress's priorities in establishing the Data Bank was to prevent incompetent and unprofessional practitioners from evading detection by simply crossing State lines to practice. In the Period A, interstate matches occurred 1,956 times (or 9.3 percent of all matches); in Period B, interstate matches occurred 18,975 times (or 15.3 percent of all matches).²⁴ Being reported to the Data Bank, however, is not in itself evidence of incompetence or unprofessionalism. We cannot determine whether these matches have actually protected the public from potential harm.

CONCLUSION

The number of matches has greatly increased since March 1992 and a much larger proportion of matches now result from queries from health maintenance organizations and group practices. Despite these shifts, the vast majority of matches continue to involve physicians and to concern malpractice payments. This indicates that in the future, regardless of shifts in the volume of matches and types of queriers involved in matches, we can expect most matches to involve reports on physicians with malpractice payments.

The growth in the number and proportion of matches resulting from queries from health maintenance organizations (HMOs) and group practices may indicate that voluntary queriers are more aware of the Data Bank than they used to be and/or that they sense it is valuable to query the Data Bank. We will examine questions of usefulness and impact of Data Bank information, including to HMOs and group practices, in upcoming reports.

APPENDIX A

NATIONAL PRACTITIONER DATA BANK PROFILE OF MATCHES PRACTITIONERS INVOLVED IN MATCHES

TYPE OF PRACTITIONER	NUMBER OF MATCHES Period A: 9/1/90 - 3/19/92	NUMBER OF MATCHES Period B: 3/20/92 - 2/25/94
TOTAL	20,954	123,695
Physicians and Dentists	20,165 (96.2%)	119,501 (96.6%)
<i>Allopathic Physicians</i>	18,038	107,198
<i>Allopathic Physician Residents</i>	219	1,298
<i>Osteopathic Physicians</i>	1,135	6,978
<i>Osteopathic Physician Interns and Residents</i>	26	132
<i>Dentists</i>	735	3,856
<i>Dental Residents</i>	12	39
Podiatrists	486 (2.3%)	2,582 (2.1%)
Psychologists	51 (0.2%)	248 (0.2%)
Other Health Care Disciplines/Personnel	36 (0.2%)	188 (0.2%)
<i>Chiropractors</i>	1	82
<i>Denturists</i>	0	2
<i>Mental Health Counselors</i>	0	2
<i>Opticians</i>	0	10
<i>Optometrists</i>	10	23
<i>Pharmacists</i>	0	2
<i>Physician Assistants</i>	5	32
<i>Physician Assistants, Osteopathic</i>	0	1
<i>Podiatric Assistants</i>	2	0
<i>Professional Counselors</i>	16	30
<i>Professional Counselors, Family/Marriage</i>	2	4
Nurses and Related	30 (0.1%)	192 (0.2%)
<i>Registered (Professional) Nurses</i>	4	15
<i>Nurse Anesthetists</i>	24	139
<i>Nurse Midwives</i>	1	29
<i>Nurse Practitioners</i>	0	2
<i>Psychiatric Technicians</i>	1	7
Emergency Care Personnel	2 (0.0%)	18 (0.0%)
Social Workers	0 (0.0%)	4 (0.0%)
Rehabilitation/Restorative Services Personnel	4 (0.0%)	20 (0.0%)
Technicians and Technologists	2 (0.0%)	18 (0.0%)
Not Properly Coded	178 (0.8%)	924 (0.7%)

DATA SOURCE: National Practitioner Data Bank. ANALYSIS: HHS Office of Inspector General

APPENDIX B

NATIONAL PRACTITIONER DATA BANK PROFILE OF MATCHES QUERIERS INVOLVED IN MATCHES

TYPE OF QUERIER	NUMBER OF MATCHES Period A: 9/1/90 - 3/19/92	NUMBER OF MATCHES Period B: 3/20/92 - 2/25/94
TOTAL	20,954	123,695
Non-Federal Hospital	18,788 (89.7%)	87,434 (70.7%)
<i>Initial privileging/employment</i>	6,278	27,523
<i>Mandatory two-year review</i>	12,164	58,274
<i>Professional review activity</i>	301	1,257
<i>Other</i>	42	251
<i>State Licensing Board¹</i>	3	129
HMO/PPO	1,319 (6.3%)	25,046 (20.2%)
<i>Initial privileging/employment</i>	776	15,254
<i>Mandatory two-year review</i>	158	2,736
<i>Professional review activity</i>	350	6,548
<i>Other</i>	35	425
<i>State Licensing Board¹</i>	0	83
Other Non-Federal Health Care Entity	382 (1.8%)	2,711 (2.2%)
<i>Initial privileging/employment</i>	257	1,693
<i>Mandatory two-year review</i>	111	845
<i>Professional review activity</i>	12	130
<i>Other</i>	1	43
<i>State Licensing Board¹</i>	1	0
Federal Hospital	334 (1.6%)	1,996 (1.6%)
<i>Initial privileging/employment</i>	202	1,144
<i>Mandatory two-year review</i>	127	828
<i>Professional review activity</i>	5	23
<i>Other</i>	0	1
State Licensing Board	69 (0.3%)	800 (0.6%)
<i>State licensing board</i>	65	766
<i>Mandatory two-year review¹</i>	3	15
<i>Initial privileging/employment¹</i>	1	17
<i>Professional review</i>	0	2
Group Practice	42 (0.2%)	4,970 (4.0%)
Professional Society	15 (0.1%)	478 (0.4%)
Other Federal Health Care Entity	5 (0.0%)	258 (0.2%)
Not Properly Coded	0 (0.0%)	2 (0.0%)

DATA SOURCE: National Practitioner Data Bank. ANALYSIS: HHS Office of Inspector General

¹Denotes inconsistency between querying entity type and query type; could result from improper form completion or incorrect assignment of entity type code.

APPENDIX C

NATIONAL PRACTITIONER DATA BANK PROFILE OF MATCHES MALPRACTICE PAYMENT REPORTS INVOLVED IN MATCHES

TYPE OF ACT/OMISSION ¹	NUMBER OF MALPRACTICE MATCHES Period A: 9/1/90 - 3/19/92 <i>Total Matches = 20,954</i>	NUMBER OF MALPRACTICE MATCHES Period B: 3/20/92 - 2/25/94 <i>Total Matches=123,695</i>
TOTAL MALPRACTICE PAYMENT MATCHES	18,521	110,058
Surgery-Related	5,871 (31.7%)	34,949 (31.8%)
Diagnosis-Related	5,125 (27.7%)	30,723 (27.9%)
Treatment-Related	3,440 (18.6%)	21,055 (19.1%)
Medication-Related	1,335 (7.2%)	7,024 (6.4%)
Obstetrics-Related	1,286 (6.9%)	8,871 (8.1%)
Anesthesia-Related	583 (3.1%)	3,067 (2.8%)
Monitoring-Related	235 (1.3%)	1,377 (1.3%)
Intravenous and Blood Products-Related	220 (1.2%)	796 (0.7%)
Miscellaneous	206 (1.1%)	1,271 (1.2%)
Biomedical Equipment/ Product-Related	121 (0.7%)	533 (0.5%)
Not Properly Coded	99 (0.5%)	392 (0.4%)

DATA SOURCE: National Practitioner Data Bank. ANALYSIS: HHS Office of Inspector General

¹Malpractice payment reports can be given one or two codes indicating type of act or omission. Of the 18,521 malpractice payment matches in the first period, only 4,088 were assigned two codes; in the second period, only 21,286 had two codes. For clarity, these secondary codes have been disregarded in this table.

NATIONAL PRACTITIONER DATA BANK PROFILE OF MATCHES
MALPRACTICE PAYMENT REPORTS INVOLVED IN MATCHES
(continued)

MALPRACTICE PAYMENT AMOUNT (SINGLE PAYMENTS ONLY)	NUMBER OF MATCHES Period A: 9/1/90 - 3/19/92	NUMBER OF MATCHES Period B: 3/20/92 - 2/25/94
TOTAL MALPRACTICE PAYMENT MATCHES	16,962	101,492
\$1 - \$29,999	6,434 (37.9%)	36,268 (35.7%)
\$30,000 - \$49,999	1,506 (8.9%)	8,739 (8.6%)
\$50,000 - \$99,999	2,870 (16.9%)	16,550 (16.3%)
\$100,000 - \$499,999	5,129 (30.2%)	32,560 (32.1%)
\$500,000 and above	1,023 (6.0%)	7,375 (7.3%)
Mean	\$132,358	\$149,114
Median	\$50,000	\$60,000
Mode	\$100,000	\$200,000
NOTE: An additional 1,559 matches in Period A and 8,566 in Period B involved malpractice payments that belonged to a series of payments of unknown total value.		

DATA SOURCE: National Practitioner Data Bank. ANALYSIS: HHS Office of Inspector General

APPENDIX D

NATIONAL PRACTITIONER DATA BANK PROFILE OF MATCHES ADVERSE ACTION REPORTS INVOLVED IN MATCHES

TYPE OF ADVERSE ACTION	NUMBER OF ADVERSE ACTION MATCHES Period A: 9/1/90 - 3/19/92 <i>Total Matches = 20,954</i>	NUMBER OF ADVERSE ACTION MATCHES Period B: 3/20/92 - 2/25/94 <i>Total Matches=123,695</i>
TOTAL ADVERSE ACTION MATCHES	2,433	13,637
Licensure	1,256 (51.6%)	7,567 (55.5%)
<i>Revocation</i>	52	288
<i>Probation</i>	560	3,020
<i>Suspension</i>	129	912
<i>Miscellaneous</i>	515	3,347
Clinical Privileges	1,144 (47.0%)	5,905 (43.3%)
<i>Revocation</i>	144	809
<i>Suspension</i>	164	1,124
<i>Voluntary Surrender</i>	222	1,067
<i>Reduced Privileges</i>	122	621
<i>Other Restriction</i>	113	617
<i>Denial</i>	292	1,206
<i>Revision to Action</i>	87	461
Professional Society Membership	33 (1.4%)	165 (1.2%)
<i>Revocation</i>	7	67
<i>Suspension</i>	8	17
<i>Denial</i>	17	52
<i>Other Restriction</i>	0	11
<i>Not Properly Coded</i>	1	18

ADVERSE ACTION REPORTS INVOLVED IN MATCHES
(continued)

REASON FOR ACTION	NUMBER OF ADVERSE ACTION MATCHES Period A: 9/1/90 - 3/19/92 <i>Total Matches = 20,954</i>	NUMBER OF ADVERSE ACTION MATCHES Period B: 3/20/92 - 2/25/94 <i>Total Matches=123,695</i>
TOTAL ADVERSE ACTION MATCHES	2,433	13,637
Alcohol and Other Substance Abuse	238 (9.8%)	1,300 (9.5%)
Incompetence/Malpractice/Negligence	380 (15.6%)	1,988 (14.6%)
Narcotics Violations	93 (3.8%)	470 (3.4%)
Felony	28 (1.2%)	149 (1.1%)
Fraud	27 (1.1%)	161 (1.2%)
Unprofessional Conduct	263 (10.8%)	1,295 (9.5%)
Mental Disorder	14 (0.6%)	97 (0.7%)
Allowing Unlicensed Person to Practice	21 (0.9%)	95 (0.7%)
Disciplinary Action Taken in Another State	127 (5.2%)	700 (5.1%)
Physical Impairment	11 (0.5%)	51 (0.4%)
Other Reason--Not Classified ¹	594 (24.4%)	3,320 (24.3%)
Miscellaneous Actions ²	603 (24.8%)	3,826 (28.1%)
Not Properly Coded, General Code Used	34 (1.4%)	185 (1.4%)

DATA SOURCE: National Practitioner Data Bank. ANALYSIS: HHS Office of Inspector General

¹Reporters use this code when none of the above categories apply.

²Miscellaneous licensure actions are not assigned classification codes to parallel other types of actions. The breakdown of miscellaneous licensure action matches is as follows (Period A followed by Period B): License Restored or Reinstated, (Period A) 82 and (Period B) 604; Reinstatement Denied, 5 and 41; Reprimand, 176 and 946; Other (Including Censure and Surrender), 249 and 1,734; License Denied (Renewal Only), 1 and 10, and Not Properly Coded, 2 and 12. In addition, there were 87 matches in Period A and 461 in Period B related to revisions to actions on hospital clinical privileges and 1 in the Period A and 18 in Period B related to a revision to action on professional society membership.

APPENDIX E

NOTES

1. Health Care Quality Improvement Act of 1986 (P.L. 99-660), Section 402.
2. Adverse actions include licensure revocation, suspension, and probation; clinical privilege revocation, suspension, reduction, restriction, and voluntary surrender; and professional society membership revocation, suspension, and denial; as well as other categories. Some of these other categories include actions favorable to practitioners, such as license reinstatement.

Under current law, State licensing boards must report actions only against physicians and dentists, whereas other entities must report actions against physicians and dentists and may report actions against other licensed health care practitioners.

3. Only the following adverse actions must be reported: 1) All licensure disciplinary actions on physicians and dentists based on reasons related to professional competence or conduct must be reported. 2) All hospital and other health care entity professional review actions based on reasons related to professional competence or conduct adversely affecting clinical privileges for a period longer than 30 days; or voluntary surrender or restriction of clinical privileges while under or to avoid investigation. 3) All professional society professional review actions based on reasons related to professional competence or conduct adversely affecting membership.
4. Malpractice insurers do not submit reports of payments on behalf of facilities or corporations.
5. Health care entities must provide health care services and engage in professional review activity through a formal peer review process.
6. There are no Federal penalties assessed against hospitals for not querying the Data Bank; however, their failure to query could be used against them in legal proceedings.
7. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Bureau of Health Professions, Division of Quality Assurance, *National Practitioner Data Bank Statistical Summary As of Month Ending April 30, 1994*, Internal Document. Our counting of matches (presented in our findings) is somewhat different than HRSA's; in particular, we excluded all self-queries, matches later voided, instances when a querier matched on information it sent in, duplicate reports, and duplicate queries.

8. The initial profile report was entitled *National Practitioner Data Bank: Profile of Matches* (Department of Health and Human Services, Office of Inspector General, *National Practitioner Data Bank: Profile of Matches*, OEI-01-90-00522, April 1992). The broad study of usefulness and impact produced two reports: Department of Health and Human Services, Office of Inspector General, *National Practitioner Data Bank: Usefulness and Impact of Reports to Hospitals*, OEI-01-90-00520, February 1993 and Department of Health and Human Services, Office of Inspector General, *National Practitioner Data Bank: Usefulness and Impact of Reports to State Licensing Boards*, OEI-01-90-00523, March 1993.
9. Because of the time our analysis and reporting of the data we requested for our study of the usefulness and impact of matches took, we were able to get cumulative statistics on Data Bank activity that was more recent than February 1994. At several points in this report, we reference data on the universe of all reports and queries as of April 30, 1994. While we cannot make date-specific comparisons between the universe of matches and the universe of all reports and queries, it is highly unlikely that even if we had information for exactly the same dates our comparisons would be markedly different given historical trends for this information,.
10. Some types of matches were excluded from the computer file. These were self-queries, in which practitioners requested their own Data Bank records, and matches on reports that were later voided (*i.e.*, removed from the Data Bank because of errors).

The file we received from Unisys contained individual records for queries and reports. Included in each record was a field for "Practitioner Identification Number (PIN)." To construct our file of matches, we created a new data set containing a single record for each request-report pair that named the same PIN.

We made two assumptions regarding the file received from Unisys. The first was that the PIN in each record was correct, meaning that only queries and reports referring to the same individual were paired. The second is that, with the exceptions noted above, the file did in fact contain the entire set of practitioners for whom both a report and a query had been received.

11. In addition, there were a number of "echoes" (in which a querier receives information it had previously submitted), duplicate reports, and duplicate queries. None of these (28,650 matches in the more recent period) constituted a real transfer of information, and thus they are not included in any of our other summary statistics. Unisys also excluded reports sent to practitioners querying about themselves from the data base we received, but we do not know how many times this occurred.

12. Numbers are approximate since the information we have on queries is from slightly different time periods than our study periods.
13. Numbers of reports are approximations because the information we have available is from somewhat different time periods than the study periods.
14. The odds of matching continue to grow. Queries received in the month of February 1994 had a better than 1 in 14 chance of matching, according to HRSA communication.
15. The number of matches is greater than the number of practitioners because practitioners could have been mentioned in more than one report or could have been queried about more than once.

The total number of practitioners involved in matches is probably smaller than the number in the first period added to the number in the second period because practitioners matched on in the first period could well have been matched on in the second period as well. According to Data Bank records, as of April 30, 1994, 37,554 practitioners had been matched on; this is smaller than the sum of 32,605 and 10,185 even though it is for a longer time period and includes practitioners matched on by self-queries.

16. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Bureau of Health Professions, Division of Quality Assurance, *National Practitioner Data Bank Statistical Summary As of Month Ending April 30, 1994*, Internal Document.
17. This does not mean that the total number (from September 1, 1990 to February 1994) of queriers who submitted requests resulting in matches was over 11,000. Many who matched in the first period probably matched in the second period.
18. National Committee for Quality Assurance, *Accreditation Standards, Credentialing Standards 7.1 and 11.1* (1993) 28, 30.
19. The remaining 0.5 percent of hospital matches in the later period were from queries marked as State licensing board (129 matches), or other (251 matches). This indicates that some hospitals may not be sure which of the "query type" boxes on the query form they should check, or that some non-hospitals were inappropriately assigned identification numbers in the hospital category.
20. The number of matches is greater than the number of reports because multiple queriers can match on the same report.
21. These calculations are based only on the 16,962 matches involving one-time payments. Excluded are 1,559 matches involving payments that were part of a

series of installments, and for which the total payment amount was not available.

22. These calculations are based only on the 16,962 matches in Period A and 101,492 matches in Period B involving one-time payments. Excluded are 1,559 matches in Period A and 8,566 in Period B involving payments that were part of a series of installments, and for which the total payment amount was not available.
23. The coding system for classes of and reasons for adverse actions was taken from the National Practitioner Data Bank reporting instructions.
24. A match was considered to be an interstate match if the querier's State was different from either the practitioner's work State or, for adverse actions, the reporter's State. We did not use the reporter's State for malpractice payment matches because many physicians are insured by out-of-State companies.